

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kunihiro NAKAGAWA
Title: IMAGE FORMING APPARATUS AND IMAGE FORMING METHOD
Appl. No.: Unassigned
Filing Date: February 24, 2004
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Kunihiro NAKAGAWA

Enclosed are:

- [X] Specification, Claim(s), and Abstract (26 pages).
- [X] Formal drawings (7 sheets, Figures 1-11B).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 with copies of 3 listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).

17858 U.S. PTO
10/784167
022404

☒ Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	11	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	8	- 3	= 5 x	\$86.00 =	\$430.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL:	\$1200.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					\$0.00
				TOTAL FILING FEE:	\$1,200.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE					\$1,240.00

- ☒ A check in the amount of \$1,240.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date February 24, 2004

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